

REMARKS

Claims 1, 3, 6-9 and 11-15 remain pending. Reconsideration of the application is respectfully requested.

The Examiner rejected Claims 1, 3, 4, and 11-14 under 35 USC §103(a) as being unpatentable over Bazell et al. (USPN 3,884,242), in view of Inoue (USPN 5,100,386), stating, in the Response to Arguments section, that the claimed proximal-most end is disclosed in Bazell et al. as the proximal end portion of (20) and also (22), and the claimed proximal portion is disclosed in Bazell et al. as the distal portion of (20). However, the embodiments set forth in Applicant's currently pending claims require that the proximal portion (which extends along and is adhesively secured to an outer surface of the catheter shaft) tapers distally. In contrast, Bazell et al. does not disclose or suggest that any portion which extends along an outer surface of the catheter shaft (i.e., any portion of the flange (20) extending along an outer surface of the catheter shaft) tapers distally. Rather, Bazell et al. discloses that the flange (20) which extends along an outer surface of the catheter shaft tapers proximally, from shoulder 21 to the proximal-most edge 22 (or, in an alternative embodiment, that the flange portion (20) has a constant wall thickness).

The Examiner states that Bazell et al. discloses a tip member (19) having a proximal-most end (i.e., proximal end portion of 20 and also 22) adhesively secured to the balloon distal shaft section and a distal-most end (25), and an outer surface tapering distally to a smaller outer diameter from the proximal-most end toward the distal-most end of the distal tip member, see column 8, lines 6-11. However, at column 8, lines 6-11, referred to by the Examiner, Bazell et al. discloses that the proximal flange portion 20 may be tapered inwardly from approximately the region of the shoulder 21 to the proximal edge 22. Therefore, at the column 8, lines 6-11 disclosure referred to by the Examiner, Bazell et al. does not disclose or suggest that the flange portion 20 tapers inwardly from the proximal edge 22 to the region of the shoulder 21 as required by the embodiments set forth in Applicant's currently pending claims, and in fact discloses the opposite.

Claims 6-9 were rejected under 35 USC §103(a) as being unpatentable over Bazell et al. (USPN 3,884,242) alone. In light of the non-obviousness of independent claim 1 as argued above, it is respectfully submitted that all claims depending therefrom similarly avoid obviousness.

The Examiner rejected claim 15 under 35 USC §103(a) as being unpatentable over Bazell et al. (USPN 3,884,242) alone, stating that Bazell et al. does not disclose that the distally tapering outer surfaces of the balloon distal shaft section and the distal tip member are aligned and taper at the same angle, but, however, it would have been obvious matter of design choice to modify the Bazell et al. reference. However, as discussed above, Bazell et al. does not disclose or suggest a proximal portion which extends along and is adhesively secured to the catheter shaft and which has an outer surface tapering distally to a smaller outer diameter. Moreover, modifying Bazell et al. to provide a proximally tapering flange portion (20) of Bazell et al. which is aligned and tapering at the same angle as a distally tapering balloon distal shaft section is impossible (i.e., a proximally tapering surface tapers in the opposite direction to a distally tapering surface, and therefore can't be aligned and tapering at the same angle therewith).

In view of the foregoing, it is respectfully urged that all of the present claims of the application are patentable and in a condition for allowance. The undersigned attorney can be reached at (310) 824-5555 to facilitate prosecution of this application, if necessary.

In light of the above amendments and remarks, applicant earnestly believes the application to be in condition for allowance and respectfully requests that it be passed to issue.

Respectfully submitted,

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